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TITLE: Management of patients consulting for non-occupational exposure to HIV (NOEXP) in
A sample of Quebec physician

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OBJECTIVES: To describe the last consultation for NOEXP in a sample of physicians from the
province of Quebec, Canada.

METHODS: In November 1998, a questionnaire was sent to a convenience sample of 485
physicians. Selection criteria were having reported an AIDS case in the previous 3 years, or
working in an AIDS, STD or sexual assault clinic. Questions were asked on demographics and
number of consultations for NOEXP in the last year. Physicians were also asked to describe in
detail their last consultation for NOEXP to HIV.

RESULTS: In all, 219 physicians (59.6% male, 62.2% family physicians) completed a
questionnaire for a response rate of 45.2%; 90 (41.1%) had been consulted for NOEXP at least
once in the previous year. A total of 875 patients consulted these 90 physicians for NOEXP; 75
physicians described their last consultation. The types of NOEXP were: 56.0% for sexual
exposures (men having sex with men 39.0%, heterosexual 61.0%), 29.4% for accidental
needlestick injuries, 9.3% for sharing of drug injection equipment and 5.3% for other reasons.
Delay from exposure to consultation was 24 hours (38.2%), 25-48 hours (19.7%), 49-72 hours
(6.6%), > 72 hours (35.5%). Consultation within 72 hours of exposure was as follows (p=0.06):
sexual exposure 26/42 (62.9%), accidental needlesticks 17/22 (77.3%) and sharing of drug
injection equipment 2/7 (28.6%). Overall, 42.7% of physicians prescribed HIV prophylaxis
(18.8% dual therapy and 81.2% triple therapy). The main reasons given for not prescribing were
that the delay was too long, exposure was low risk, risk was difficult to evaluate and anticipated
compliance was poor. Serological follow-up was undertaken: 97.1% for HIV, 85.5% for HBV,
and 64.5% for HCV; 38.7% were tested for syphilis, 19.4% for chlamydia, and 16.2% for
gonorrhea. There were no statistical differences between male and female physicians with
regards to prescription and follow-up practices.

CONCLUSION: A large proportion of NOEXP to HIV are for non-sexual exposures. A third of
patients consulted late after exposure (> 72 hours); injection drug users tended to consult later
than others although, given the small numbers, it is too early to come to a conclusion about this
situation. Quebec's physicians providing care for HIV/AIDS, STDs and sexual assaults seem to
assess risk before prescribing HIV prophylaxis. The majority prescribe triple therapy. Most
physicians undertake a serological follow-up for HIV and hepatitis B and C but only a minority
test patients for STDs.

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